

Patient Last Name	Patient First Name	Date Written	Date Filled	Rx Number	Date of Birth	Drug Name	Quantity Dispensed	Days Supply	Pharmacy DEA	Pharmacy/Dispensing Prescriber Name	Medical Records	Medicare Part B Billing NPI:
		5/19/2020	7/23/2020	4007508		CLONAZEPAM 0.5 MG TABLET	30	15	BL9514642	LONG TERM CARE RX		
		5/19/2020	5/19/2020	4007508		CLONAZEPAM 0.5 MG TABLET	30	15	BL9514642	LONG TERM CARE RX		
		8/7/2020	8/12/2020	4007603		LORAZEPAM 0.5 MG TABLET	30	30	BL9514642	LONG TERM CARE RX		
		2/11/2020	2/11/2020	131512		DEPO-TESTOSTERONE 200 MG/ML	10	84	FZ5262605	ZIKAM		
		7/24/2020	7/24/2020	207329		ACETAMINOPHEN-COD #3 TABLET	30	3	FH6747426	HEB PHARMACY #732	Y	
		2/18/2020	2/18/2020	953971		LORAZEPAM 1 MG TABLET	60	30	BC5353608	CVS PHARMACY, INC.		1841335718
		4/3/2020	4/3/2020	3035656		TESTOSTERONE CYP MICRO POWDER	8	28	FC5149136	CHAMPS AT THE MED CEN	Y	
		5/21/2020	5/21/2020	3036776		TESTOSTERONE CYP MICRO POWDER	8	28	FC5149136	CHAMPS AT THE MED CEN	Y	
		8/24/2020	3/30/2020	4007458		CLONAZEPAM 0.5 MG TABLET	30	30	BL9514642	LONG TERM CARE RX		1841335718
		8/24/2020	3/26/2020	4007459		TRAMADOL HCL 50 MG TABLET	120	30	BL9514642	LONG TERM CARE RX		1841335718
		6/12/2020	9/14/2020	4007497		ALPRAZOLAM 0.5 MG TABLET	30	15	BL9514642	LONG TERM CARE RX		1841335718
		5/12/2020	5/12/2020	4007497		ALPRAZOLAM 0.5 MG TABLET	30	15	BL9514642	LONG TERM CARE RX		1841335718
		8/14/2020	8/14/2020	4007606		CLONAZEPAM 1 MG TABLET	60	30	BL9514642	LONG TERM CARE RX		
		8/14/2020	9/10/2020	4007606		CLONAZEPAM 1 MG TABLET	60	30	BL9514642	LONG TERM CARE RX		
		8/14/2020	10/8/2020	4007606		CLONAZEPAM 1 MG TABLET	60	30	BL9514642	LONG TERM CARE RX		
		2/14/2020	2/14/2020	8051054		ANDRODERM 2 MG/24HR PATCH	60	60	BM9109477	MEDCENTER PHARMACY		
		10/14/2020	10/14/2020	57652		TESTOSTERONE CYP MICRO POWDER	0.4	70	FI1504720	INVENTIVE INFUSION SOLUTIONS		
		3/5/2020	3/10/2020	3034769		TESTOSTERONE CYP MICRO POWDER	24	56	FC5149136	CHAMPS AT THE MED CEN	Y	
		5/4/2020	5/21/2020	3036355		TESTOSTERONE CYP MICRO POWDER	24	56	FC5149136	CHAMPS AT THE MED CEN	Y	
		7/23/2020	7/23/2020	3038204		TESTOSTERONE CYP MICRO POWDER	24	56	FC5149136	CHAMPS AT THE MED CEN	Y	
		9/21/2020	9/21/2020	3039370		TESTOSTERONE CYP MICRO POWDER	24	56	FC5149136	CHAMPS AT THE MED CEN		
		11/19/2020	11/19/2020	3040511		TESTOSTERONE CYP MICRO POWDER	24	56	FC5149136	CHAMPS AT THE MED CEN		

2103388825

02:58:12 p.m. 05-19-2020

1 / 2

LTC PHARMACY 2301 E. MULBERRY STE B ANGELTON TX 77515 Phone: 9793313139 Fax: 9798493001

Tuesday, May 19, 2020

Dr. T. Sanchez
F50089006CHRISTOPHER MONTOYA PA-C
License: PA 06048 DEA: MM1349237 NPI: 1841335718
TPC FAMILY MEDICINE HOME VISITS PLLC
2603 N Arkansas Ave Suite C LAREDO, TX 78043
Phone: (956) 568-2070 F: (956) 568-2071

DRUG	SIG	Dispense	REFILLS	Brand Medically Necessary
clonazepam 0.5 mg tablet	1 tablet by mouth twice a day as needed PRN anxiety	60 (sixty) Tablet 30 day supply	0	No

The pharmacy may dispense a generically equivalent drug unless "brand necessary" or "brand medically necessary" is hand-written for each medication.

Signature: 

RX#: 4007508

SAFETY CAP: Y

RPH: JH

DOB: 03/25/53

CLONAZEPAM 0.5 MG TABLET 30 TAB ACCOR
16729-0136-00 01 REFILLS DW: 05/19/20
TAKE ONE TABLET BY MOUTH DF: 05/19/20
2 TIMES A DAY AS NEEDED
FOR ANXIETY

C. MONTOYA MM1349237
3107 TPC PKWY 1841335718 NEW
SAN ANTONIO, TX 782592396 210-338-8825
PRICE 3.83 MVP HEALTH PLAN DAW CODE: 0

210338825

04:53:05 p.m. 08-07-2020

1/1



TPC Family Medicine & Urgent Care
 3107 TPC Parkway, STE # 102
 San Antonio, Texas 78259
 Office: 210-338-8800 / Fax: 210-338-8825
 tpcfamilymedicine@yahoo.com

Dr. J. Sanchez
 FS00891006

Elmcraft

210-946-5775
 Fax Number

Patient: Last, First Name:		Provider: Chris Montoya, PA-C	
DOS:		NPI: 1841335718	
		St License: PA06048	
		DEA: MM1349237	
Please assess and admit patient for Home Health Services. Patient Requires:			
SN	PT	OT	MSW Other:
Administer Lorazepam 5mg 1/2 tab Bid			
Signature		Date	
		OK #30 Dorothy 8/7/20 AS	

RX#: 4007603

SAFETY CAP: Y

RPH:JH

DOB: 09/05/29

LORAZEPAM 0.5 MG TABLET 30 TAB ACTAV

00591-0240-100 00 REFILLS DW: 08/07/20

TAKE 1/2 TABLET BY MOUTH DF: 08/12/20

2 TIMES A DAY

C. MONTOYA

MM1349237

3107 TPC PKWY

1841335718

NEW

SAN ANTONIO, TX 782592396 210-338-8800

PRICE 7.20 AARP MEDICARE RX DAW CODE: 0

21
56211
c
Testosterone
ZIKAM NEIGHBORHOOD PHY

21920 BULVERDE RD #102/103

SAN ANTONIO TX 78259

PHONE: 2105035063, FAX: 2109735494

DATE: 2/11/2020

RX

DRUG:

Testosterone 200mg/ml
1ml 1m 5 week

SIG:

QUANTITY:

410
Tm

REFILLS:

① one

MEDICAL PRACTIONER:

MDs. Address:

Teofilio Sanchez

MDs. Phone#:

DEA:

FS0089006

MDs. Signature:

NPI:

DPS:

210 3388800

RPH Signature:

Called in by:

Chris

Ad

R_x

DATE 7-24-2020

INFANT

ALLERGY
NKAR
E
m/A

Tylenol #3

#30
(Thirty)

i-ii po q4-6h prn pain

3107 TPC Parkway, PA, TX 78259

Chris Montoya Sanchez

SuperTheofilos Santiago MD

(Rx Ref # if reassigned)

REFILLS

210 338 8800

DR PHONE

DR ADDRESS

SIGNATURE

MMV349237

DEA

Veronica

AGENT-APN-PA

A generic equivalent may be dispensed unless the prescriber hand writes "Brand Necessary" or "Brand Medically Necessary" on the face of the prescription.

159561580400



2605 N Arkansas Ave Ste C
LAREDO TX 78043-2202

Phone: (956)568-3970
Fax: (956)568-3294

Service Date: 07/24/2020
Service Location: TPC FAMILY MEDICINE HOME VISITS SA
Rendering Provider: MONTOYA, CHRISTOPHER PA-C

Insurance Id HEB831008129
Place Of Service: HOME
PCP/Ref. Physician:

Patient:
Address:

INTAKE FORM

CPT CODE 99423-TELE HEALTH

ICD-10

M25.569-Pain in unspecified knee:

BILLING

BILLING 99423-TELE HEALTH

This encounter was created by Ceniseros, Veronica on 07/24/2020 01:31 PM

TPC FAMILY MEDICINE & URGENT CARE CLINIC
CHRISTINE CONTRERAS, M.D.

DEA # FC 2449329
CHRIS MONTOYA, PA-C, ()
DEA # M/M 1347237 DPS C0163844
NORTON SHECTMAN, PA-C, ()
DEA # M/S 0706424 DPS 40131288
ROBERT RATHER, PA-C, ()
DEA # M/R 2676151 DPS B0190169
N'CCOLE CAMPBELL, PA-C, ()
DEA # M/C 2968975 DPS X0199652
ADRIANA CANTU, F.N.P., ()
DEA # MC 4304755

3107 TPC PARKWAY, SUITE 102
SAN ANTONIO TX 78253
TPC FAMILY MEDICINE
6108 MCPHERSON ROAD, SUITE 4
LAREDO, TX 76041

(210) 338-8800 TEL
(210) 338-8825 FAX

(956) 568-3370 Fx568-3291

R

Lorazepam (one) mg

Sig 1 (one) tablet
Twice a day PRN

☐ Label

Dispense 60 (sixty) tablets

- ☐ 1-24
- ☐ 25-49
- ☐ 50-74
- ☐ 75-100
- ☐ 101-150
- ☐ 151 and over

Units

On

Signature

A generically equivalent drug product may be dispensed unless the practitioner hand writes the words 'Brand Necessary' or 'Brand Medically Necessary' on the face of the prescription

000613

8C30IM0521578

04:00pm

04/03/2020

Champs Pharmacy7718 Louis Pasteur Dr
SAN ANTONIO, TX 78229

(210) 614-1212 Fax:(210) 615-7904

The Patient Identified below is requesting a refill for the prescription indicated; however, there are no authorized refills remaining. If you would like to authorize additional refills, please complete this form. By signing this form you are authorizing a new Rx and can add additional refills. If denied, please clearly note.

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Instructions for Doctors Office

1. Please Complete Physician Section below
2. Please Sign Form
3. Fax Form back to:
Champs Pharmacy
Fax:(210) 615-7904

***** REQUEST FOR FILL AUTHORIZATION *****

04:00pm 04/03/2020

Rx: 3033114

Patient:

Address:

City:

Phone:

DOB:

ID:

Physician: MONTOYA, CHRIS

Address: 3107 TPC PKWY SUITE#102

City: SAN ANTONIO, TX 78259

Phone: (210) 338-8800

Refill Phone: (210) 338-8800 NPI: 1841335718

Fax: St. Lic:

DEA: MM1349237 DPS: C0163844

Supervisor: SANCHEZ, TEOFILO R

9355 BANDERA RD #136

SAN ANTONIO, TX 78250

(210) 543-0700 DEA: FS0089006

Drug: TESTOST-CYP 200MG/ML INJ

Generic for:

Directions: INJECT 1 ML INTRAMUSCULARLY EVERY 7 DAYS

Last Fill: 02/10/2020 # 4 Ml

Orig Date: 01/16/2020 Quantity: 4 Ml

Physician Section

New Order Authorization

Orig Date:01/16/2020 Quantity: 4 Ml

Refills Authorized: 1 + 0 Quantity: 4ml (form)

Montoya / Eileen P.
Doctor or Authorized Signature

4/3/2020
Date

Notes to Physician

04/03/2020 4:00:03 PM

Faxed in
By:

(Full Name Re



NDC:99999-0014-57

Ref Cost: 11.99
Fee: 28.01
Pat Pay: 40.00

Qty: 4

TESTOST-CYP 200MG/ML INJ

DF:04/03/2020

Orig:04/03/2020

DAW:C DS:28 FB:LL

INJECT 1 ML INTRAMUSCULARLY EVERY

*C 3035656
TESTOST-CYP 200MG/ML INJ

MONTOYA, CHRIS
3107 TPC PKWY SUITE#102
SAN ANTONIO, TX 78259
NPI:1841335718 No Refills Remain

NO CORRESPONDING PROGRESS NOTE PROVIDED.

03:55pm

05/21/2020

Champs Pharmacy7718 Louis Pasteur Dr
SAN ANTONIO, TX 78229

(210) 614-1212 Fax:(210) 615-7904

The Patient Identified below is requesting a refill for the prescription indicated; however, there are no authorized refills remaining. If you would like to authorize additional refills, please complete this form. By signing this form you are authorizing a new Rx and can add additional refills. If denied, please clearly note.

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Instructions for Doctors Office

1. Please Complete Physician Section below
2. Please Sign Form
3. Fax Form back to:
Champs Pharmacy
Fax:(210) 615-7904

***** REQUEST FOR FILL AUTHORIZATION *****

03:55pm 05/21/2020

Rx: **3035656**

Patient:

Address:

City:

Phone:

DOB:

ID:

Physician: MONTOYA, CHRIS

Address: 3107 TPC PKWY SUITE#102

City: SAN ANTONIO, TX 78259

Phone: (210) 338-8800

Refill Phone: (210) 338-8800 NPI: 1841335718

Fax: St. Lic:

DEA: MM1349237 DPS: C0163844

Supervisor: SANCHEZ, TEOFILO R

9355 BANDERA RD #136

SAN ANTONIO, TX 78250

(210) 543-0700 DEA: FS0089006

Drug: **TESTOST-CYP 200MG/ML INJ**

Generic for:

Directions: INJECT 1 ML INTRAMUSCULARLY EVERY 7 DAYS

Last Fill: 04/03/2020 # 4 ML

Orig Date: 04/03/2020 Quantity: 4 ML**Physician Section**

New Order Authorization

Orig Date:04/03/2020 Quantity: 4 ML

Refills Authorized: 1 + 0 Quantity: #4ml

Andrea [Signature] 5/21/2020
 Doctor or Authorized Signature Date

Notes to Physician

05/21/2020 3:55:03 PM

C 3036776 TESTOST-CYP 200MG/ML INJ NDC:99999-0014-57
 Orig:05/21/2020 DF:05/21/2020 Qty:4
 DAW:C DS:28 FB:SS
 INJECT 1 ML INTRAMUSCULARLY EVERY
 7 DAYS

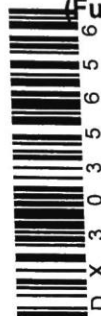
Ref Cost:	11.99
Fee:	28.01
Pat Pay:	40.00

MONTOYA, CHRIS
 3107 TPC PKWY SUITE#102
 SAN ANTONIO, TX 78259
 DEA:MM1349237 NPI:1841335718 No Refills Remain.

Faxed in

By:

(Full Name Required)



NO CORRESPONDING NOTE PROVIDED.

2103388825

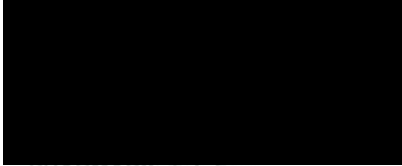
00.13.24 03-20-2020

1 / 1



3107 TPC Pkwy #102, San Antonio TX 78259 - 2396

Tel: 210-338-8800, Fax: 210-338-8825

PRESCRIPTIONS**PATIENT DEMOGRAPHICS****GUARANTOR & INSURANCE INFORMATION**

Insurance: MEDICARE OF TEXAS

Guarantor:

PHARMACY: Tel: Fax:

Allergies:

START DATE

03-24-2020

MEDICATION SIG

tramadol 50 mg tablet 1 Every 6 Hours for 30 Days, Dispense 120 Tablet

REFILLS

No Refill

START DATE

03-24-2020

MEDICATION SIG

clonazepam 0.5 mg tablet 1 Tablet Once A Day for 30 Days, Dispense 30 Tablet

REFILLS

No Refill

Substitution
Permissible

Teofilo Sanchez
Dea: FS0089006

Christopher Montoya PA-C
DEA No.: MM1349237

Prescriptions will be filled generically unless

prescriber writes D.A.W. (Dispense As Written)

or other notation as required by law.

This is an electronic signature.

Schedule 2 medications require an original signature.

TPC Family Medicine

The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above. For questions regarding this prescription, please contact the practice.

RX#: 4007458

SAFETY CAP: Y

RPH:JH

DOB:05/26/50

CLONAZEPAM 0.5 MG TABLET 30 TAB TEVAU
00093-0832-05 00 REFILLS DW: 03/24/20
TAKE ONE TABLET BY MOUTH DF: 00/00/00
EVERY DAY

C. MONTOYA MM1349237
3107 TPC PKWY 1841335718 NEW
SAN ANTONIO, TX 782592396 210-338-8825
PRICE 62.47 SLVRSCTP DAW CODE: 0

RX#: 4007459

SAFETY CAP: Y

RPH:JH

DOB:05/26/50

57664-0377-18 00 REFILLS 120 TAB CARAC
DW: 03/24/20
TAKE ONE TABLET BY MOUTH DF: 03/26/20
EVERY 6 HOURS AETNA MACK MEDD

C. MONTOYA MM1349237
3107 TPC PKWY 1841335718 NEW
SAN ANTONIO, TX 782592396 210-338-8825
PRICE 9.03 SLVRSCTP DAW CODE: 0

03/12/2020 10:37AM 2103463010

MED ROOM

PAGE 01/01



ELMCROFT™

SENIOR LIVING

Elmcroft Assisted Living Fax Order Sheet

WHO IS THIS FOR?
Thanks! Ltc

To Doctor: _____ To Fax Number: _____

Date: _____ Time: _____

Community Name: _____ Fax Number: _____

Address: _____ Phone Number: _____

Message from: _____

Re: _____

PHYSICIAN, PLEASE RETURN VIA FAX

- ☐ Send NO Meds
☐ Send ALL Meds
☐ Send + Meds Only

Suite # _____

Attending Physician Printed Name: _____

Dr. T. Sanchez
 Address of Physician FS0089000

DOB _____

Allergies _____

Date & Time Ordered	Quantity Ordered	Substitution Permitted yes no	New Orders (If Medication Schedule, Indication)	Refills
12/01/18	30	X	Alprazolam 0.5mg PO with low anxiety	1

Physician's Signature _____

DEA No _____

MM1349237

☐ Resident ☐ Family has been notified of the above treatment change. Date ____/____/____

Name of Person Contacted _____

If not contacted, reason _____

NURSE: Please Initial The Documentation Record As Performed

Pharmacy <input type="checkbox"/> Courier <input type="checkbox"/> Faxed (Fax Original) <input type="checkbox"/> Phone	On P.O. Sheet	Med Sheet	TX Sheet	Nurse's Notes	Care Plan	Nurse Signature	Date	Time
--	---------------	-----------	----------	---------------	-----------	-----------------	------	------

***Unless ordered as emergency or stat by prescriber, all scheduled medication time after normal pharmacy delivery

CONFIDENTIALITY

The documents accompanying this transmission may contain confidential information intended only for the use of the individual or entity to which it is addressed. It is prohibited from disclosing this information to any other party unless it is destroyed after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any reliance on the contents of these documents is STRICTLY PROHIBITED. Please notify the sender immediately and arrange for the return of the documents. If you receive faxes from this sender, please contact SENDER.

RX#: 4007497

SAFETY CAP: Y

RPH: JH

DOB: 05/26/50

30 TAB ACTAV

DW: 05/12/20

ALPRAZOLAM 0.5 MG TABLET

00228-2029-10

01 REFILLS

TAKE ONE TABLET BY MOUTH
 EVERY 12 HOURS AS NEEDED
 FOR ANXIETY

C. MONTOYA

3107 TPC PKWY

SAN ANTONIO, TX 782592396

PRICE 4.28 STVRSRPT

MM1349237

1841335718

210-338-8825

NEW

DAN CODE: 0

CLONAZEPAM 1mg

#180

i BID

Dorothy

T. Sanchez DJ
FS0089606
C. Montoya
MM1349237

979-265-7348 • Fax: 979-265-7348 • www.woodlakenursingcare.com
Clute, Texas 77531
RX#: 4007606
SAFETY CAP: Y
RPH:WDS
DOB:05/26/50
CLONAZEPAM 1 MG TABLET 60 TAB TEVAU
00093-3212-01 02 REFILLS DW: 08/14/20
TAKE ONE TABLET BY MOUTH DF: 08/14/20
2 TIMES A DAY
C. MONTOYA MM1349237
3107 TPC PKWY 1841335718 NEW
SAN ANTONIO, TX 782592396 210-338-8800
PRICE 7.61 SLVRSCTP DAW CODE: 0

FEB-14-2020 11:42 AM

From:9565683294

Page:1/1

2/14/2020

Print Rx/Patient Materials

MedCenter Pharmacy 1419 E. Bustamante St. Laredo TX 78041 Phone: 9567911991 Fax: 9567916279

Friday, February 14, 2020

TEOFILO RESENDIZ SANCHEZ MD

License: M5480 DEA: FS0089006 NPI: 1801988928

TPC FAMILY MEDICINE HOME VISITS PLLC

2603 N Arkansas Ave Suite C LAREDO, TX 78043

Phone: (956)568-3970 Fax: (956)568-3294

DRUG	SIG	Dispense	REFILLS	Brand Medically Necessary
Androderm 2 mg/24 hour transdermal 24 hour patch	1 patch apply on the skin nightly Add'l Sig: apply to dry clean skin	60 (sixty)Transdermal Patch 30 day supply	0	No

Rx Discount Card ID: Patient 10 digit phone number rxPCN: IRX rxBIN: 610011 rxGRP: 2388 This is not insurance. Void where prohibited. Discounts can't be combined.

The pharmacy may dispense a generically equivalent drug unless "brand necessary" or "brand medically necessary" is hand-written for each medication.

Signature:



Rx Faxed per TPC Clinic
Adriana Pottin, MTA / Christopher Montoya, PA

Christopher Montoya, PA
DEA MM1349237

1991048 Kmg 2/14/2020
TX 1000000000

1991048 Kmg 2/14/2020
TX 1000000000

MONTOYA, CHRISTOPHER
TPC CLINIC LAREDO OFFICE
Laredo, TX 78040
DEA MM-1349237
NPI 1841335718
Ph: 956-568-3970
ALLERGAN
ANDRODERM 2 MG/24HR PT24
CAREMARK \$0.00 \$8.95 \$637.59
APPLY 1 PATCH TO SKIN DAILY AT NIGHT
"APPLY TO DRY CLEAN SKIN"



Rx: 57652 10/14/2020

Prescriber MONTTOYA, CHRIS PA

3107 TCP PARKWAY #102

SAN ANTONIO, TX 78258

(210) 338-8800 NPI:1841335718

DEA: MM1349237 DPS:

Supervisor: SANCHEZ, TEOFILLO DEA: FS0089006

11345 ALAMO RANCH PKWY, #103

SAN ANTONIO, TX 78253

(210) 957-1693

CMPD - TEST 200MG/ML (ETHYL OLEATE) HRT

NDC: 99999-9983-06 DAW:C DS:70

Qty Written:10

Date Written:10/14/2020

INJECT 1ML (200MG) INTRAMUSCULARLY EVERY
WEEK (DISPENSE WITH BD ALLERGY 1ML
SYRINGES)

Call ahead for Refills FB:GG Disp. RPh:ERNESTO
GARZA-GONGORA II * Compounded Rx *

Phoned in by:MONTTOY, CH

Inventive Infusion Solutions 18866 STONE OAK PKWY, STE 101A SAN ANTONIO, TX
78258 Store ID:1174754840

11:44am

03/05/2020

Champs Pharmacy

7718 Louis Pasteur Dr
SAN ANTONIO, TX 78229

(210) 614-1212 Fax: (210) 615-7904

The Patient Identified below is requesting a refill for the prescription indicated; however, there are no authorized refills remaining. If you would like to authorize additional refills, please complete this form. By signing this form you are authorizing a new Rx and can add additional refills. If denied, please clearly note.

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Instructions for Doctors Office

1. Please Complete Physician Section below
2. Please Sign Form
3. Fax Form back to:
Champs Pharmacy
Fax: (210) 615-7904

***** REQUEST FOR FILL AUTHORIZATION *****

11:44am 03/05/2020

Rx: 3033335

Patient: [REDACTED]

Address: [REDACTED]

City: [REDACTED]

Phone: [REDACTED]

DOB: [REDACTED]

ID: [REDACTED]

Physician: MONTOYA, CHRIS

Address: 720 PLEASANTON

City: SAN ANTONIO, TX 78214

Phone: (210) 338-8800

Refill Phone: (210) 338-8800 NPI: 1841335718

Fax: 2103388825 St. Lic:

DEA: MM1349237 DPS: C0163844

Supervisor: SANCHEZ, TEOFILO R

9355 BANDERA RD #136

SAN ANTONIO, TX 78250

(210) 543-0700 DEA: FS0089006

Drug: TESTOST-CYP 200MG/ML INJ

Generic for:

Directions: INJECT 1.5ML INTRAMUSCULARLY EVERY 7 DAYS

Last Fill: 01/30/2020 # 12 MI

Orig Date: 01/23/2020 Quantity: 12 MI

Physician Section

New Order Authorization

Orig Date: 01/23/2020 Quantity: 12 MI

Refills Authorized: 1 + 0

Quantity: 12ml

(Twelve)

Adriana [Signature]
Doctor or Authorized Signature

Date

3/5/2020

Notes to Physician

03/05/2020 11:44:37 AM

*Handwritten: need*Faxed in
By: [REDACTED]

(Full Name Required)



NDC 99999-0014-57

C 3034769 TESTOST-CYP 200MG/ML INJ

Orig: 03/05/2020 DF: 03/05/2020 Qty 0

DAW: C DS: 56 FB: 11

INJECT 1.5ML INTRAMUSCULARLY

EVERY 7 DAYS

Ref Cost: 0.00
Fee: 0.00
Pat Pay: 0.00

MONTOYA, CHRIS

720 PLEASANTON

SAN ANTONIO, TX 78214

DEA: MM1349237 NPI: 1841335718 1 Refill by 09/04/2020

11:51am

05/04/2020

Champs Pharmacy

7718 Louis Pasteur Dr
SAN ANTONIO, TX 78229
(210) 614-1212 Fax:(210) 615-7904

The Patient Identified below is requesting a refill for the prescription indicated; however, there are no authorized refills remaining. If you would like to authorize additional refills, please complete this form. By signing this form you are authorizing a new Rx and can add additional refills. If denied, please clearly note.

The Information contained in the transmission accompanying this notice is confidential and protected by law. It is intended for the use of the Doctor listed below. If the reader of this message is not the intended recipient or agent of the intended recipient, you are hereby notified that any dissemination or distribution of this communication is prohibited. If you have received this communication in Error, please notify us.

Instructions for Doctors Office

1. Please Complete Physician Section below
2. Please Sign Form
3. Fax Form back to:
Champs Pharmacy
Fax:(210) 615-7904

***** REQUEST FOR FILL AUTHORIZATION *****

11:51am 05/04/2020

Rx: 3034769

Patient:

Address:

City:

Phone:

DOB:

ID:

Physician: MONTOYA, CHRIS

Address: 720 PLEASANTON

City: SAN ANTONIO, TX 78214

Phone: (210) 338-8800

Refill Phone: (210) 338-8800 NPI: 1841335718

Fax: 2103388825 St. Lic:

DEA: MM1349237 DPS: C0163844

Supervisor: SANCHEZ, TEOFILO R

9355 BANDERA RD #136

SAN ANTONIO, TX 78250

(210) 543-0700 DEA: FS0089006

Drug: TESTOST-CYP 200MG/ML INJ

Generic for:

Directions: INJECT 1.5ML INTRAMUSCULARLY EVERY 7 DAYS

Last Fill: 03/10/2020 # 12 ml

Orig Date: 03/05/2020 Quantity: 12 MI

Physician Section

New Order Authorization

Orig Date:03/05/2020 Quantity: 12 MI

Refills Authorized: 12 Quantity: 12ml

(Twelve)

Doctor or Authorized Signature

Date

Notes to Physician

05/04/2020 11:51:45 AM

C 3036355 TESTOST-CYP 200MG/ML INJ
Orig 05/04/2020 DF 05/04/2020 Qty 0
DAW C DS 56 FB TD
INJECT 1.5ML INTRAMUSCULARLY
EVERY 7 DAYS

MONTOYA, CHRIS
720 PLEASANTON
SAN ANTONIO, TX 78214
DEA MM1349237 NPI 1841335718 Refill by 11/03/2020

Ref Cost: 0.00
Fee: 0.00
Pat Pay: 0.00

Faxed in
By:

(Full Name Required)



9 9 7 4 3 0 3 X D

Chris Montoya
5-4-2020

Mark

01:08pm

07/23/2020

Champs Pharmacy

7718 Louis Pasteur Dr
 SAN ANTONIO, TX 78229
 (210) 614-1212 Fax:(210) 615-7904

The Patient Identified below is requesting a refill for the prescription indicated; however, there are no authorized refills remaining. If you would like to authorize additional refills, please complete this form. By signing this form you are authorizing a new Rx and can add additional refills. If denied, please clearly note.

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Instructions for Doctors Office

1. Please Complete Physician Section below
2. Please Sign Form
3. Fax Form back to:
 Champs Pharmacy
 Fax:(210) 615-7904

***** REQUEST FOR FILL AUTHORIZATION *****

01:08pm 07/23/2020

Rx: **3036355**

Patient: [REDACTED]

Address: [REDACTED]

City: [REDACTED]

Phone: [REDACTED]

DOB: [REDACTED]

ID: [REDACTED]

Physician: MONTOYA, CHRIS

Address: 720 PLEASANTON

City: SAN ANTONIO, TX 78214

Phone: (210) 338-8800

Refill Phone: (210) 338-8800 NPI: 1841335718

Fax: 2103388825 St. Lic:

DEA: MM1349237 DPS: C0163844

Supervisor: SANCHEZ, TEOFILO R

9355 BANDERA RD #136

SAN ANTONIO, TX 78250

(210) 543-0700 DEA: FS0089006

Drug: **TESTOST-CYP 200MG/ML INJ**

Generic for:

Directions: INJECT 1.5ML INTRAMUSCULARLY EVERY 7 DAYS

Last Fill: 05/21/2020 # 12 MI

Orig Date: 05/04/2020 Quantity: 12 MI**Physician Section**

New Order Authorization

Orig Date: 05/04/2020 Quantity: 12 MI

Refills Authorized: 12 Quantity: 12 (twelve)

Montoya *Ente* *7/23/2020*

Doctor or Authorized Signature

Date

Notes to Physician

07/23/2020 1:08:55 PM

C 3038204 TESTOST-CYP 200MG/ML INJ NDC:99999-0014-57

Orig: 07/23/2020 DF: 07/23/2020

Qty: 12

DAW: C DS: 56 FB: LL

INJECT 1.5ML INTRAMUSCULARLY
EVERY 7 DAYS

Ref Cost:	35.98
Fee:	63.92
Pat Pay:	99.90

MONTOYA, CHRIS

720 PLEASANTON

SAN ANTONIO, TX 78214

DEA: MM1349237 NPI: 1841335718 No Refills Remain.

Faxed in

By: _____

(Full Name Required)



DATE: 3/10/20

F1 Name		[REDACTED]	
F2 Group		[REDACTED]	
HL	WL	BP	T
P	R	POX	ACC <input checked="" type="checkbox"/>
PNH		PSH	
Hx / US P / Lab / 2450 / 2450 / 2450		Reviewed and unchanged	
GYN	G	P	AMP
Allergies		NKDA	
SH Tobacco		SH Alcohol	
F10E Social		F10E Other	
Living Situation		Reviewed and unchanged	
MEDICATIONS		SIG	
DIAGNOSIS			
HPI / SUBJECTIVE:			
Mrs. Wagner HQ med efforts No new issues: HQ med efforts Complaint to med.			
ROS (Check = normal, circle = abnormal)			
Gen	No fever, chills, wt loss, fatigue	HEENT	No Hx visual change, hearing loss
Pulmonary	No SOB, wheeze, hemoptysis, cough	Odontopharynx	No dysphagia, xerostomia
GI	No nausea, hematochezia, abdominal pain	Cardinal	No CP, DOE, PND, ECG, palpitations
MSK	No joint or muscle pain	GU	No dysuria, hematuria, polyuria, discharge, flank pain
Endocrine	No thyroid disease or diabetes	Neurological	No weakness, numbness, or CVA/Hx
Psychiatric	No anxiety, depression, mental illness	Hematologic	No easy bruising or bleeding
Skin	No rash	Allergies	No known drug reactions

PT NAME:

PHYSICAL EXAM:

DIAGNOSIS:

Low Testosterone

- ① PrEP/Condoms
 ② Testosterone 240mg Jan 2020
 ③ Bu B-3 months

Urine Test

Urine pH 7.2 w/ 11.000 (100%)

Urine Tests

Urine Test Results

Urine

ANCILLARY ORDERS

Urine Tests

Urine Tests

Urine Tests & Results (100%)

Urine Tests (100%)

Urine Tests (100%)

Urine Tests (100%)

Urine Tests

Urine

Urine

Urine

Urine

Urine

Urine

Urine

IMAGING

PHYSICIAN'S SIGNATURE

[Signature]
 Dr. C

DATE

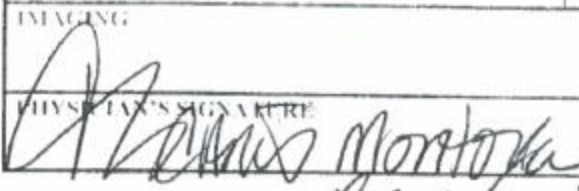
3/10/20



TPC Family Medicine & Urgent Care
 10223 McAllister Fwy Ste
 San Antonio, TX 78216
 Office: 210-338-8800 / Fax: 210-338-8825
tpcfamilymedicine@yahoo.com

DATE: 5/4/20

PMH UAB / Ankle Pain / An / Low testosterone		PSH Allergies	
SH History T: TB Venereal Living Situation		Family Abuse Health Other	
Medications		SIG	
Diagnosis		Review and changed	
Complaint & med & Rx Plan. No new issues, consistent & routine; gym work out. Meds as before.			
ROS (Check = normal, circle = abnormal)			
Gen / <input type="checkbox"/> No change in loss, fatigue	HEENT <input type="checkbox"/> No change in hearing loss		
Pulmonary <input type="checkbox"/> No SOB, wheeze, hemoptysis, cough	GI <input type="checkbox"/> No change in abdominal pain or dist	GI <input type="checkbox"/> No change in abdominal pain or dist	
MSK <input type="checkbox"/> No change in muscle pain	Endocrine <input type="checkbox"/> No change in diabetes	Hematology <input type="checkbox"/> No change in hemoglobin	
Psychiatric <input type="checkbox"/> No change in depression, anxiety	Skin <input type="checkbox"/> No change	Allergies <input type="checkbox"/> No change in allergies	

PT NAME:	
PHYSICAL EXAM: /	
DIAGNOSIS: low testosterone	
PLAN: ① Dr. reduction ② Anabolic Creatine Training Program, ③ Night Nutrition may ^{OT day} from ④ Bm 2 months	
I have read and understand the risks and benefits of this treatment. I have read and understand the risks and benefits of this treatment.	I have read and understand the risks and benefits of this treatment. I have read and understand the risks and benefits of this treatment.
ANCILLARY ORDERS	
<input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> X-ray Neck/Hip/Leg <input type="checkbox"/> 5mg Decadron IM <input type="checkbox"/> 1g or Roccphin IM 250mg 500mg 1gm <input type="checkbox"/> 1000mg B12 IM <input type="checkbox"/> Red Energy	<input type="checkbox"/> RSE <input type="checkbox"/> EKG <input type="checkbox"/> EKG <input type="checkbox"/> Urine Dip <input type="checkbox"/> EKG <input type="checkbox"/> Others: <input type="checkbox"/> Labs See Attachment
IMAGING	
PHYSICIAN'S SIGNATURE: 	DATE: 6-4-20



TPC Family Medicine & Urgent Care
 10223 McAllister Fwy Ste
 San Antonio, TX 78216
 Office: 210-338-8800 / Fax: 210-338-8825
 tpcfamilymedicine@yahoo.com

DATE

7/23/20

100 / 170 / 100 to 100 <i>ankle</i> GYN G P EMP:		Allergies <i>NKA</i>	Reviewed and changed
SUI: <i>CP</i> F101: <i>seriously ill</i> Vocational: <i>CP</i> Living Situation: <i>CP</i>		Father: <i>CP</i> Other: <i>CP</i>	Reviewed and changed
MEDICATIONS		DIAGNOSIS	
NO STRESS, NO MED ABUSE. NO NEW HEALTH ISSUES COMPLAINTS - none, see med refills			
ROS (Check = normal, circle = abnormal)			
Gen: No fever, chills, or other illness Pulmonary: No SOB, wheeze, hiccups, cough GI: No nausea, vomiting, diarrhea, or constipation MSK: No joint or muscle pain Endocrine: No thyroid disease or diabetes Psychiatric: No depression, anxiety, or mental illness Skin: No rash	HEENT: No redness, swelling, or pain Cardiac: No chest pain, palpitations, or shortness of breath GU: No urinary symptoms or pain Neurological: No dizziness, headache, or weakness Hematology: No bleeding or bruising	Allergies: No allergic reactions	

PT NAME:

PHYSICAL EXAM:

DIAGNOSIS:

low testosterone.

PLAN:

- ① Ref / monitoring
 ② Ref / testosterone recheck @ 72, #106
 ③ Amp / Liave / Pro / HGH / testosterone
 ④ Pen / monitor, 928 / 106

AP Education

Follow up / Ref / 106 / 106

Ref / 106

Ref / 106

Ref / 106

ANCILLARY/ORDERS

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

Ref / 106

IMAGING

PHYSICIAN SIGNATURE

DATE

7.23.20